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(Re	questor's Name)	
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SECNÈTARY OF STATE TALLAHASSEE. FLORIDA

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•	TRANSMITTA	L LETTER	FILED	
TO: Amendment Section Division of Corporations			12 AM 11:02	
Division of Corporations SUBJECT:	Rapoport	Family	ALLOHOR The tr	LTD
	(Name of cor	poration)		
DOCUMENT NUMBER: (3	0300000	283		
The enclosed Statement of Change of	Registered Office/Age	nt and fee are subi	mitted for filing.	
Please return all correspondence conc	cerning this matter to the	e following:		
	-			
Wil	Van Rap	trogort		
	(Name of po	erson)	 	
Press - Rapo	port Fami	ly Enve	rtments, LTD	_
	(Name of firm/	company)		-
837 Spinnak	ke- Prive	Eart		
	(Addres	s)		_
Hollywood,	FL 330	19		_
	(City/state and	zip code)		_
For further information concerning th	is matter, please call:			
William Ray (Name of person	noport	at (954	457-1810	٠
(Name of person	on)	(Area co	ode & daytime telephone num	ber)
Enclosed is a \$35 AA check made now	able to the Department.	of State		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FILED

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED AND 11:02 OFFICE OR REGISTERED AGENT, OR BOTH

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	Press - Rapoport Family Investment LID Name of the limited partnership				
	Name of the limited partnership				
2.	Z/20/Z003 Date of filing/registration in Florida Document number assigned				
	Document nameet assigned				
 The name of the registered agent and the registered office address as shown on the records of the Flori Department of State: B & C Corporate Services, Inc. 					
					Name
	201 South Biscayne Boulevard, Suite 3000				
	Address				
	Miami, Florida 33131				
	City, State and Zip				
	·				
5.	The name and address of the new registered agent and/or office:				
	William Rapoport				
	837 Spinnake- Prive East				
	Florida street address (P.O. Box not acceptable)				
	140114wood, FL 33019 City, State and Zip				
6.	City, State and Zip Such change(s) was/were authorized by the general partners.				
	Whelen Ryyer				
Sig	nature of General Partner				
jai me	tereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply the the provisions of all statutes relative to the proper and complete performance of my duties, and I am niliar with and accept the obligations of my position as registered agent. Or, if this document is being filed early to reflect a change in the registered office address, I hereby confirm that the limited partnership has en notified in writing of this change.				

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00